

DEPARTMENT OF DEVELOPMENTAL SERVICES

SERVICE SUMMARY FORM - FY

18

Doc ID			Master Agreement:			
Activity Code:			Monthly Ready Pay Requested:			
Provider Information			Department Information			
Provider Name:			Region:			
Address:			Address:			
City, State, Zip:			City, State, Zip:			
Contact Person:			Contact Person:			
Telephone:			Telephone:			
Fax:			Fax:			
Email:			Email:			
Vendor Code:						
<p>This Service Summary Form lists estimated numbers of units and unit rate(s) for the fiscal year. The Estimated Expenditure Amount is an estimate of the total number of units and funding level at agreed upon rates that the Department currently anticipates purchasing from the Provider. The actual expenditure amount will depend on the number of units that are authorized and used, up to the Estimated Expenditure Amount. This engagement is subject to change during the fiscal year as necessary.</p>						
Version #	Brief Description	Dates of Service	Number of Units	Unit Rate	Unit Type	Estimated Expenditure
Initial		-				
2		-				
3		-				
4		-				
5		-				
6		-				
7		-				
8		-				
9		-				
10		-				
11		-				
12		-				
Budget Total						
For the Provider Signature: Printed Name: _____ Date: _____			For the Department Signature: Printed Name: _____ Date: _____			

RFR #	Description	Master Agreement Number
ANSS-15	Support Services LUSA	DDSSUPP(A-E)(F-N)(O-Z)0000000000
EMP-DAY-09	Employment and Day Services	DDSMM01(A-G)(H-M)(N-Z)0000000000
FSS-10	Family Support Servcies	NA
IHS-16	In Home Supports	DDSIHS(A-E)(F-N)(O-Z)000000000000
PSY-11	Psychologists and Psychiatrists	DDSPSY1100000000000000
SDQUAL-10 AWC	Agency With Choice	DDSAWCQ10000000000000
SDQUAL-10 DESE	DESE	DDSESE1000000000000000
SSQUAL-10	Support Services Qualifying List	DDSSSQL(A-G)(H-M)(N-Z)0000000000